



Peter E. Kolb, P.E.  
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## Drying Bed Permit Application Form 1 Billing Information

Name of Agency (Permittee) \_\_\_\_\_

Agency Owner/President \_\_\_\_\_

Secondary Company \_\_\_\_\_

Agency Mailing Address

Agency Billing Address

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Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

I \_\_\_\_\_ (owner/president) understand that a Drying Bed Permit Application Form 2 (Waste Hauler Information) must be completed and submitted with required insurance documents for each agency, company or sub-contractor authorized to discharge waste at Lake County Public Works receiving facilities on behalf of my agency. Furthermore, I acknowledge and agree that I shall be responsible for payment of all costs, fees and fines incurred for such discharge by my agency, my drivers, and/or my sub-contractors.

\_\_\_\_\_  
Signature – Owner/President

\_\_\_\_\_  
Date